CLAIMS ONLY

Application Number	Filing Date
10/690835	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			—			
2				—		
3				—		
4				—		
5				—		
6				—		
7				—		
8				—		
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49						
50						
Total Indep			3			
Total Depend			17			
Total Claims			20			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						